

*Handwritten:* Multiple Dependent Claims

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	9		9			
TOTAL CLAIMS	10		10			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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